•								· / Application or Docket Number					
	PATENT A	PPLICATIO											
Effective October 1, 2000									13768.144.2				
		PART	(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN				
TOTAL CLAIMS			(Column 1)		(Odianii Z)			RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			ASIC FEE		OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			4 2 minus 20=		. 55			X\$ 9=		OR		396	
INDEPENDENT CLAIMS			4 minus 3 =		. /			X40=			X80=	86	
MULTIPLE DEPENDENT CLAIM P			RESENT							OR		QQ	
* If the difference in column 1 is less than zero, enter "0" in column 2							_	+135=		OR		ilat	
								TOTAL		OR	•	1,186	
- 3	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL (	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 27	Minus	••		=		X\$ 9=		OR	X\$18=		
MEN	independent	. 2	Minus	***		=		X40≥		OR	X80=		
Ľ	FIRST PRESENTATION OF MU		JLTIPLE DEPENDENT		T CLAIM	CLAIM		+135=		OR	+270=		
								TOTAL			TOTAL		
	(Column 1) (Column 2) (Column 3)							ODIT. FEE			ADDIT. FEE		
	(Column 1) CLAIMS		HIGH		EST		1 _		ADDI-	1	1	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	••	_	=		X\$ 9=		OR	X\$18=		
ĭ.	Independent	•	Minus	***		=		X40=		OR	X80=		
L	FIRST PRESE	JLTIPLE DE	LTIPLE DEPENDENT			<b>1</b>	+135=		OR	+270=			
								TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								DIT. FEE I			ADDIT. FEE		
		(Column 1) CLAIMS		HIGH	IEST		1 _		ADDI-		-	ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	•••		=	╽┟	X40=		OR	X80=		
15	FIRST PRESE	NTATION OF M	ULTIPLE DI	PENDEN	T CLAIM		]  -				.070		
	If the enter in eat-	mn 1 ie lees thon ti	ha antru in co	lumn 2 well	e "0" in co	lumn 3.	L	+135= TOTAL		OR	+270= TOTAL		
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEE		
	The Highest Nur	nber Previously Pa	id For (Total	or independ	tent) is th	e highest numbe	er four	d in the app	pr priate bo	x in co	lumn 1.		